

# BEST AVAILABLE COPY

## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. **09/889834**

FILING DATE

APPLICANT(S)

### CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	12					
4	21					
5	10					
6	11					
7	10					
8	10					
9	10					
10	10					
11	10					
12	10					
13	10					
14	10					
15	10					
16	10					
17	10					
18	10					
19	10					
20	10					
21	10					
22	10					
23	10					
24	10					
25	10					
26	10					
27	1	.				
28	1	.				
29	12					
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49						
50						
TOTAL IND.	2	-				
TOTAL DEP.	27	-	-	-	-	-
TOTAL CLAIMS	29	[QR]	[QR]	[QR]	[QR]	[QR]

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
52			
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98			
99			
100			
TOTAL IND.	-	-	-
TOTAL DEP.	-	-	-
TOTAL CLAIMS	[QR]	[QR]	[QR]

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS